

Division of Health Care Facilities

30th 4/22/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - (A & B) BUILDING 878 W MAIN ST B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/22/2017
NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 WEST MAIN STREET PLEASANT HILL, TN 38578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N831}	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: Observation on 03/22/2016 at 9:29 AM, revealed 3 penetrations in the ceiling of the drywall ceiling of the telephone room by bundles of wires. NFPA 101, 8.3.5 (2012 Edition) Maintenance staff was present when the deficiencies were identified and the director of maintenance acknowledged the deficiencies during the exit conference on 03/22/2017.	{N831}	All penetrations in the facility have been corrected and are no longer visible effective March 29, 2017. Maintenance staff used High Performance intumescent firestop sealant FS-ONE MAX (see attached). For the larger openings, the maintenance staff used Firestop Cable Collar CFS-CC 4" (see attached). Maintenance and the Safety Team will do weekly audits to ensure there are no penetrations in drywall beginning April 10, 2017. All Wharton Maintenance Department will be educated regarding N-831 Building Standards by April 8, 2017. Maintenance staff will be aware of need to perform drywall inspections every week and correct any deficiencies using the proper sealant procedure. Objectives will include: A) The Maintenance Department and the Safety Committee will do weekly audits to ensure there are no drywall penetrations B) Monthly reports for drywall penetrations will be presented to QA team to make certain we are within compliance C) This Quality Assurance audit is to be implemented house-wide and the results of these audits will be reviewed at the monthly Quality Assurance meeting with an expectation of 100% compliance. (N831 continued) Maintenance staff will report drywall penetration findings in QA meeting each month at 100% beginning with the April 17, 2017 QA meeting. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time, the Maintenance Department will report drywall penetration deficiencies and corrections in each QA meeting.	3/29/17 4/10/17 4/8/17
{N848}	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.	{N848}		4/17/17

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

4899

OTRT22

ADMINISTRATOR

4-6-17

Continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - (A & B) BUILDING 878 W MAIN ST B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2017
NAME OF PROVIDER OR SUPPLIER WHARTON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 WEST MAIN STREET PLEASANT HILL, TN 38578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 848}	Continued From page 1 This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the required air pressure. The findings included: Observation on 03/22/2016 at 9:27 AM, revealed no negative air pressure in the in the soiled laundry room. Maintenance staff was present when the deficiencies were identified and the director of maintenance acknowledged the deficiencies during the exit conference on 03/22/2017.	{N 848}	(N848) The negative air pressure in the soiled laundry room has been corrected by Charles Stone Heating and Cooling, LLC. After extensive research by the company, they determined that the area in question was designed and installed and being served from another system. Upon clarification, a jumper was installed to make the system operational 100% of the time. This change will enable the return from the area is in normal operation and running based upon design. (See attached phone 931- 526-5023) Maintenance and the Safety Team will do weekly audits to ensure the negative air pressure system is in working order. If, for any reason, it is felt the system is not working as designed, the Maintenance Department will contact Charles Stone to have it corrected. All Wharton Maintenance Department will be educated regarding N-848 Building Standards by April 8, 2017. Objectives include: A) Maintenance staff will be aware of need to perform negative pressure audits every week and correct any deficiencies B) Maintenance Department and the Safety Team will do weekly audits to ensure the negative pressure system is working in all areas beginning April 10, 2017. C) Monthly reports for negative pressure systems will be presented to QA team to show we are in compliance beginning April, 2017. D) This Quality Assurance audit is to be implemented house-wide, and the results of these audits will be reviewed at the monthly Quality Assurance meeting with an expectation of 100% compliance. Maintenance staff will report negative pressure audit findings in QA meeting each month beginning April 17, 2017 at 100%. When 100% compliance is met for 3 consecutive months, then we will stop the audit. After which time, the Maintenance Department will report any negative pressure deficiencies and corrections in monthly QA meetings.	3/27/17 4/10/17 4/8/17 4/17/17